



Zfw

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/621,479	
	Filing Date	July 15, 2003	
	First Named Inventor	William W. Rowley	
	Art Unit	3626	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	2	Attorney Docket Number	MER-77 (Prev. 20083.22140)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney and New Power of Attorney; return post card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Louis F. Wagner, Reg. No. 35,730
Signature	
Date	September 23, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Louis F. Wagner		
Signature		Date	09/23/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Certificate of Mailing / Transmission (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ Deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

In the event a fee is required for the filing of the attached document(s) or in implementing the addition of new claims or any claim amendments, and the required fee is not submitted or the fee submitted is incorrect, the Commissioner is hereby authorized to charge any additional fees to effect the filing of this document(s) or credit any overpayment under 37 CFR 1.16 and 1.17 to Account No. 50-0983.

FACSIMILE

☐ Transmitted by facsimile to the Patent & Trademark Office

9/23/05

Signature _____ Date _____
Louis F. Wagner
(type or print name of person certifying)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William W. Rowley

Examiner: Unknown

Serial No.: 10/621,479

Group Art Unit No.: 3626

Filed: July 15, 2003

For: Method for Providing Personalized Medical Care

Commissioner for Patents
P. O. Box 1450
Alexandria VA 22313-1450

REVOCATION OF POWER OF ATTORNEY

I hereby revoke all previous powers of attorney or authorization of agent given in the above-identified application.

POWER OF ATTORNEY

I hereby appoint, Louis F. Wagner, Reg. No. 35,730, a practitioner associated with the **Customer Number 24115**, and any other practitioners associated with Customer Number 24115.

Please change the correspondence address for the above-identified application to the address associated with **Customer Number 24115**, i.e., Louis F. Wagner, Buckingham, Doolittle & Burroughs, LLP, 50 S. Main Street, Akron, OH 44308.

INVENTORY OF SKILLS FOUNDATION
Assignee of Record, recorded November 10, 2003,
Reel and Frame Numbers unknown

Adam Kaufman, President Date 9/22/05